

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	FOR COURT USE ONLY
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF IMPERIAL</b> <b>939 Main Street</b> <b>El Centro, CA 92243</b>	
PETITIONER:  RESPONDENT:	
<b>CASE MANAGEMENT QUESTIONNAIRE</b>	CASE NUMBER:

1. In your opinion, how long will your trial take? \_\_\_\_\_ minutes

2. Number of witnesses \_\_\_\_\_

3. **In your opinion, what are the issues involved in your case?**

*(Please identify all issues in your case by putting an X by the issue that applies to you.)*

☐ Custody/Visitation

☐ Child Support

☐ Spousal Support

☐ Property Characterization

☐ Property Valuation

☐ Property Valuation

☐ Date of Separation

☐ Property Division

☐ Attorney's Fees & Costs

☐ Division of Debt

☐ Set-Aside

☐ Arrearages

☐ Contempt

☐ Reimbursement

Other: \_\_\_\_\_

Dated: \_\_\_\_\_

☐ Petitioner ☐ Respondent

#### INSTRUCTIONS:

This form must be filed and served at least 15 calendar days before the Case Management Conference. If you are representing yourself, you must have someone over the age of 18, other than yourself; mail a completed copy of this form to the opposing attorney or party at least 15 days before the Case Management Conference. A Proof of Service form should be attached to the original form that is filed with the court. PLEASE BE SURE AND BRING A COPY OF THE COMPLETED FORM AND PROOF OF SERVICE WITH YOU TO THE CASE MANAGEMENT CONFERENCE.